Heart Disease No More!

Make Peace with Your Heart and Heal Yourself

Your Health is in Your Hands

Heart Disease No More!

Symptom of a Sick Body

Less than 100 years ago heart disease was an extremely rare disease. Today, it kills more people in the developed world than all other causes of death taken together (with the exception of doctor-caused, iatrogenic, diseases[1]). According to the *New England Journal of Medicine*, sudden cardiac arrest claims 350,000 to 450,000 lives per year in the United States (over 1,000 per day) and is responsible for more than half of all deaths that are due to cardiovascular disease. Over 860,000 Americans suffer a heart attack each year. In the U.S., there are 7.8 million heart attack survivors (as per year 2004). Direct (medical costs) and indirect (lost productivity) costs related to coronary heart disease were about $133 billion in 2004. A recent study concludes that 85% of people over 50 already have artery blockages… and 71% of people over 40!

Although the ability to recognize patients who are at high risk for cardiac arrest has greatly improved over the past 20 years, 90 percent of cases of sudden death from cardiac causes occur in patients without identified risk factors. It is known that the majority of

[1] See Chapter 14 of *Timeless Secrets of Health & Rejuvenation*

cases of sudden death from cardiac causes involve patients with preexisting coronary heart disease. Yet cardiac arrest is the first manifestation of this underlying problem in 50 percent of patients.

The most common underlying cause of sudden cardiac arrest is a heart attack which causes irregular heart rhythm and subsequent stoppage of the heart. In several industrialized nations, mortality rates from heart attacks have slightly decreased due to a generation of breakthroughs in heart care. These include new medicines, the bypass operations, and the angioplasties. Now many of the "beneficiaries" of this kind of heart care are living with unexpected, often devastating consequences: Their damaged hearts still beat, but not strong enough to enjoy a decent quality of life. Many wish they had died swiftly than suffering a slow and torturous death.

The unintended result of better cardiac care is an unprecedented increase in a chronic, debilitating disease called *chronic heart failure*, which we could easily call an epidemic. Heart failure is described as a *gradual* ebbing of the heart's power to pump blood and supply the body with oxygen. "Heart failure is a product of our success in dealing with heart disease and hypertension," said Dr. Michael Bristow of the University of Colorado. Treating the symptoms of heart disease and hypertension rather than their causes has lead to more hardship and suffering than anticipated. It is the call of our time to take a more holistic look at the causes of this greatest killer disease in the modern world and to apply natural

methods to restore heart functions swiftly and permanently, without side effects.

The Beginning Stages of Heart Disease

Our cardiovascular system is composed of a central pumping device – the heart muscles – and a blood vessel pipeline, consisting of arteries, veins and capillaries. The heart muscles pump blood through the blood vessel system to deliver oxygen and nutrients to all parts of the body. The blood vessel system is over 60,000 miles long and has a surface of more than half an acre. The 60 – 100 trillion cells in the body depend on the frictionless flow of blood through this vast network of channels.

The tiny blood capillaries, which have the thickness of one tenth of a human hair, are of particular importance to the body. Unlike the arteries, capillaries permit oxygen, water, and nutrients to pass through their thin walls in order to bring nourishment to the surrounding tissues. At the same time, they have to allow certain cellular waste to return to the blood so that it can be excreted from the body. If the capillary network becomes congested for reasons explained below, the heart has to pump the blood with greater pressure to reach all the different parts of the body. This considerably increases the heart's workload and makes its muscles tense and tired. In

due time, the exertion of the heart leads to stress and fatigue and impairs all major functions in the body.

Since the blood capillaries are also responsible for nourishing the muscle cells of the arteries, a reduced supply of oxygen, water, and nutrients will gradually injure and destroy arteries. To counteract this form of involuntary self-destruction, the body responds with inflammation. The inflammation response, which is often mistaken for and treated as a disease, is actually one of the body's best methods to increase the blood supply and deliver vital nutrients to promote growth of new cells and repair damaged connective tissue. However, continuous inflammatory responses eventually generate sizable lesions in the arteries, which, in turn, lead to the development of atherosclerotic deposits. Hardening of arteries (atherosclerosis) is commonly believed to be the main cause of heart disease, although this is, as new studies have shown, not entirely true.

Major Contributing Factors

Most heart disease patients and their doctors assume that heart attacks are triggered by the clogging of the heart arteries[2], which according to that assumption, destroys millions of heart cells. Similarly, strokes are thought to be caused by the clogging of the brain arteries, which causes the death

[2] As we will see, this assumption is not entirely correct.

of millions of brain cells. Since brain cells coordinate the activities and movements of every part of the body, their death can lead to partial or complete paralysis and death. A stroke is considered merely a consequence of advanced atherosclerosis.

The brain arteries are located in close proximity to the heart. The blood pressure in both the brain and heart arteries is relatively higher than in those arteries located in other parts of the body, hence the difference of blood pressure in the different arteries of the circulatory system. If turbulence and congestion occur in the branching areas of the arteries, the blood pressure begins to rise. This particularly stresses the coronary, carotid (neck), and cerebral (brain) arteries to the point of damage. Damage occurs first in those blood vessels that are already weakened by internal congestion and nutrient deficiencies. This makes high blood pressure a major risk factor for strokes and heart disease.

Lowering an elevated blood pressure through medication, however, does not serve as a solution, but as a mere postponement and further aggravation of the problem. Moreover, as recent research has shown, it can lead to chronic heart failure. Without removing the root cause(s) of elevated blood pressure the standard treatment for hypertension can cause severe cellular dehydration and sharply reduce the blood's capacity to deliver oxygen to the heart muscles and remove toxic waste from the cells and tissues of the body. All this further increases the risk

of heart disease and many other health problems, including kidney and liver disorders.

Countries in the Western Hemisphere are heading the global list of heart disease. For many years, now, doctors have blamed the wrong type of food, overeating, too little exercise, smoking, and stress as the major risk factors. Latest research has added a few more, such as free radicals, pollution, poor circulation, certain drugs and chemicals, and a decreased ability of the blood to digest protein, which may lead to the formation of blood clots. When the proteolytic enzymes bromelain, trypsin, and chymotrypsin are no longer sufficiently available to help break down the blood clots, heart attacks, phlebitis, and stokes are the most likely consequences.

The greatest physical cause of coronary heart disease, however, is overeating of animal proteins. When stored in the body, protein becomes one of the greatest risk factors for heart disease and most other diseases as well. One of the latest markers of arterial damage and inflammation now believed to be the main reason behind blood clots triggering a heart attack is the protein *homocysteine.* High concentrations of homocysteine are found in meat.

Meat Consumption and Heart Disease

To illustrate the development of heart disease from virtual non-existence to being the biggest killer disease, I have used statistical trends describing disease development in Germany – a typical, modern industrialized nation. In the year 1800, meat consumption in Germany was about 13 kg (28 pounds) per person per year. One hundred years later, meat consumption was nearly three times as high, at 38 kg per person per year. By 1979, it had reached 94.2 kg, which is an increase of 725 percent in less than 180 years. These figures do not include fats. During the period of 1946-1978, meat consumption in Germany increased by 90% and heart attacks rose by 20 times. During the same period, fat consumption remained the same, whereas consumption of cereals and potatoes, which are major suppliers of vegetable protein, decreased by 45%. Therefore, fats and carbohydrates, as well as vegetable proteins, cannot be considered to be causes of coronary heart disease. This leaves meat as the main factor responsible for the dramatic upsurge of this degenerative blood vessel disease.

In consideration of the fact that at least 50 percent of the German population is overweight and most overweight people eat much more meat than those with normal weight do, meat consumption among the overweight must have at least quadrupled in the 33 years after World War II. Being overweight is

considered to be a major risk for high blood pressure and heart disease.

According to statistics published by the World Health Organization (WHO) in 1978, the yearly increases of heart attacks in Western European countries were accompanied by a continuous yearly increase in meat consumption by as much as 4kg per person. This practically means that eating habits after World War II have shifted from a healthy mixed diet to one excessive in animal protein, but poor in carbohydrates such as fruits, vegetables and grains. According to the WHO, fat consumption remained virtually unchanged. Heart attacks and atherosclerosis began to increase dramatically in Germany and in Western industrialized nations soon after the war; today they cause over 50 percent of all deaths.

Although fat consumption among vegetarians is not less than among meat eaters, the vegetarians have the lowest death rates from heart disease. The *Journal of the American Medical Association* reported that a vegetarian diet could prevent 97% of all coronary occlusions. The incredibly popular high protein, low carbohydrate *Atkins Diet* and *South Beach Diet* have the unfortunate side effect of starving a person by clogging up his capillary and artery walls with excessive proteins, and by greatly limiting his fuel intake (carbohydrates). This can certainly make a person lose weight, but not without also damaging his kidneys, liver, and heart. Both the late Dr. Atkins, a heart disease and obesity victim,

and former U.S. President Bill Clinton, a keen follower of the South Beach Diet and recipient of a quadruple bypass, suffered the consequences of the high protein diet (for details, see section below). Millions of Americans are following in their footsteps.

The reason for the virtual absence of coronary heart disease among vegetarians is their low intake or complete absence of animal protein. Fat consumption is, therefore, only an accomplice of the disease, but not its cause. The constantly recycled mass hysteria that believes fat, which is generally associated with cholesterol, to be the main dietary culprit of heart disease, is completely unfounded, outdated, and has no scientific basis.

Yes, Your Body Can Store Protein!

Meat and meat products have five to ten times the concentration of protein than found in plant protein foods. It is, therefore, easily possible to overeat animal protein, but it is hardly possible to overeat vegetable protein because a normal digestive system does not have the ability to process 5-10 times more food than is normal for the body. It is common knowledge that the body is able to store unused sugar and other carbohydrates in the form of fat, but it lesser known that it also has a large storage capacity for protein. The body's protein stores are the

connective tissues (the fluids between the capillaries and the cells) and the *basal* or *basement membranes*, which hold together and support the cells of the blood capillaries and arteries (see illustration 1). When these protein stores are filled to their full storage capacity, the organs and arteries that are supplied by these protein-congested capillaries begin to starve of oxygen and nutrients, and suffocate in their own metabolic waste products. The resulting toxicity crisis prompts an inflammatory process by the body, which is necessary to increase blood flow and make nutrients available for growth of new cells and repair of damaged connective tissue. Repeated bouts of inflammation in the artery walls can involve bleeding and subsequent formation of blood clots. Blood clots are the number one cause of heart attacks (see illustrations 2a/b) and strokes. As a measure of first aid and to avert constantly occurring potential heart attacks or strokes, the body attempts to contain the bleeding wounds. It does this by dispatching the glue-like *lipoprotein*, LP5, into the blood. LP5 attaches itself to the open wounds, thereby sealing them. To promote wounds healing and prevent them from repeated bleeding, the sticky LP5 catches the relatively large lipoprotein molecules, such as LDL and VLDL cholesterol molecules, and builds them into the artery walls. The resulting protective "bandage" saves the person's life, at least for a while. If this survival mechanism occurs in the coronary arteries, it is called *hardening of arteries* or *coronary heart disease.*

A person who eats too many simple carbohydrate foods such as sugar, bread and pasta, or fats in a particular meal may have elevated concentrations of sugar, fats, and the cholesterol-containing *lipoproteins* in his blood. However, blood tests also show that if he overeats protein foods, his blood will contain higher concentrations of protein. Nutritional science assumes[3] that protein is completely burned during the digestive process. Whatever protein the body cells don't use or need, so goes the argument, continues to circulate in the blood until it is broken down by liver enzymes and excreted as urea.

A major problem arises when a person does not have enough of these enzymes to remove the excessive protein from the blood stream. The liver of Kapha and Pitta types, for example, who naturally require only very few proteins to sustain themselves, has a limited capacity to break down food proteins. If liver bile ducts are congested with stones, this also greatly diminishes this important liver function. The same applies to people who regularly eat too many proteins. In any case, the extra proteins that are not broken down and eliminated through the liver route, are absorbed by the connective tissue under the skin (which is the least harmful), and the intercellular connective tissue of the organs (which can be very harmful). If there is a continuous, regular supply of large amounts of food protein, the intercellular connective tissue and basal membranes of the

[3] There is no scientific research to support this assumption

capillaries start filling up with the protein and begin to thicken. Unless protein intake is discontinued, the capillary cells become damaged. The body responds with inflammation to help destruct and remove damaged or dead cells. This inflammatory process, though, has side-effects. It forms the beginning stage of diet-caused atherosclerosis.

By contrast, as it was first discovered in 1955, people who live on a protein-free diet for a certain length of time do not produce urea after their first protein meals. This means that their connective tissues contain no abnormal amounts of protein. This applies to all vegetarians whose only source of protein is of purely vegetarian origin, such as in grains, legumes, nuts, seeds, etc. Vegetarians hardly ever develop a surplus of protein in the connective tissues and blood vessel walls, and are, therefore, not at risk of developing atherosclerotic deposits. This has been confirmed by the American Medical Association.

It is a commonly accepted medical theory that all unused calories, whether they occur in the form of carbohydrates, fat, or protein, are converted into fat and deposited in the body's fat cells. This would make fat to be the only storage molecule responsible for obesity and related illnesses, including coronary heart disease and Type 2 diabetes[4]. Yet there is overwhelming evidence to show that stored fat alone

[4] See *Reversing Diabetes* or Chapter 11 of Timeless Secrets of Health & Rejuvenation

cannot be held responsible for causing coronary heart disease. The only other substance that the body can store in large amounts is protein; much of it ends up in the blood vessel walls.

In addition to breaking down proteins in the liver and storing proteins in the blood vessel walls, the body employs another tactic to get rid of this dangerous culprit. A well-trained athlete can utilize no more than 40 grams of protein per day. The average American eats up 200 grams per day. Whatever proteins cannot be stored, which easily happens by regularly eating more than 30-40 grams of protein each day, the body converts into nitric, sulfuric and phosphoric acids. The kidneys try to eliminate some of the strong acids (similar to the ones found in your car battery). To do so, they have to attach a basic mineral to every acid molecule, As a result, sodium, potassium, magnesium (the main basic minerals) and all the rest become depleted as well. All this sets your body up for an incidence of *acidosis*, which is another name for toxicity crisis. Heart disease is a typical symptom of chronic acidosis.

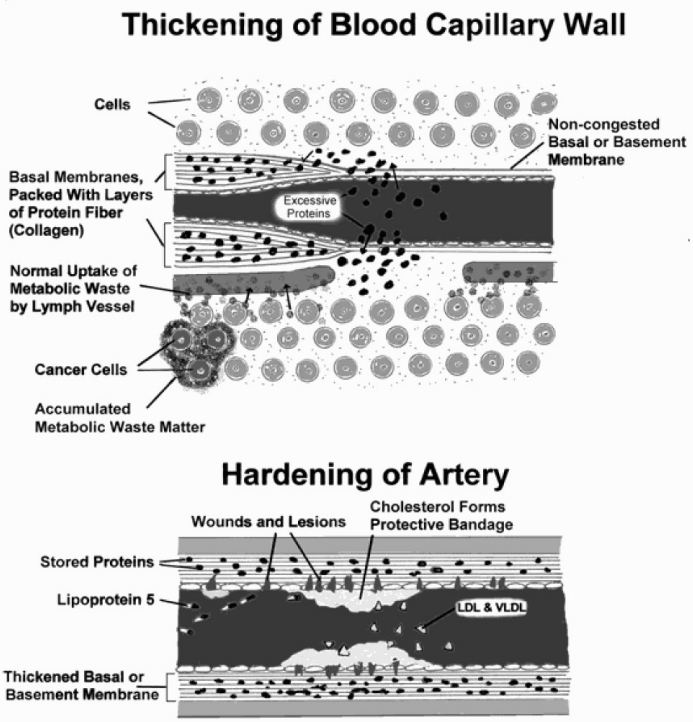

Illustration 1:
Congestion of Blood Vessel Walls with Excessive Protein

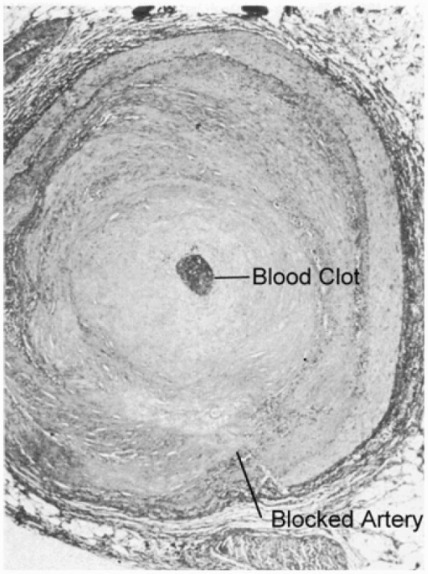

Illustration 2a:
Blood clot that caused heart attack in 54-year old man

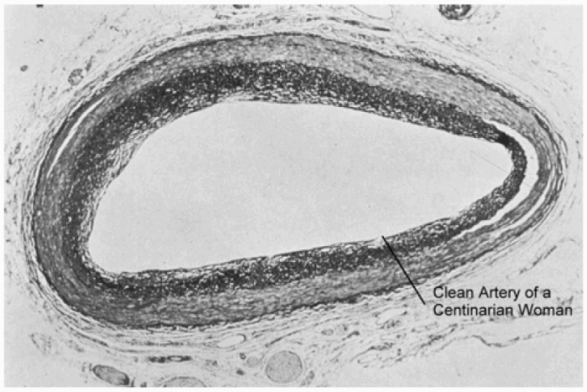

Illustration 2b:
Healthy, clear artery of a 100-year old woman

Protein Storage – A Time Bomb

Obese people have both high concentrations of fats and excessive amounts of protein in the blood. The blood's tendency towards clotting, which is considered to be the greatest risk for suffering a heart attack or stroke, stems almost exclusively from the saturation of the blood with proteins (also smoking increases blood protein concentrations, as shown below). Natural fats (except the unnatural trans fatty acids as found in hydrogenated vegetable oils and margarine), on the other hand, have *no* blood-clotting ability. In their attempt to avert a heart attack, the capillary cells absorb the excessive protein, convert it into *collagen-fiber,* and store it in their basement membranes. Although this emergency response has a blood-thinning and, therefore, life-saving effect, it also makes the blood walls thicker and more vulnerable to injury.

Examinations of connective tissue in obese people have proved that it contains not only plump fat cells, but also large amounts of dense collagen-fiber. Collagen is 100 percent pure protein. Building more collagen-fiber than necessary is one of the main emergency measures the body takes to deal with dangerously high protein concentrations in the blood. By removing the protein from the blood and thereby putting it out of circulation, the blood becomes thin and the crisis is avoided. However, the situation changes drastically when the body's protein stores

are all filled up to capacity, and protein consumption continues. In such a situation, the blood becomes and remains saturated with protein. Hence, the blood begins to permanently thicken and develop a tendency towards clotting. Unless the afflicted person takes aspirin, which has a blood thinning effect, a stroke or a heart attack may occur. Yet in the long term, the drug not only fails to prevent such an incidence, but actually strongly encourages it. There is a heightened risk of deadly uncontrolled bleeding that comes with regular or excessive aspirin use. In addition, once aspirin treatment discontinues, the risk of suffering a heart attack is greatly increased. [**Warning:** If you are suffering from macular degeneration – the #1 cause of blindness in people over 55 years – make sure to avoid taking aspirin. A major study linked aspirin to America's epidemic of macular degeneration. The so often prescribed one-aspirin-a day routine makes your retinas more likely to hemorrhage. Besides, aspirin belongs to the same class of painkillers as Vioxx, Celebrex and Aleve, all of which were found to increase heart attack and stroke risk by over 50%.]

Examinations have shown that by abstaining from food for a periodic length of time both fat cells and collagen fiber deposits begin to reduce in size and amount. This also demonstrates that overeating protein *does,* in fact, increase protein tissue in the body; the sites of the protein deposits being the basement membranes of the capillary walls and the connective tissues that surround the cells. As a direct

consequence of this development, the thickened blood vessel walls are no longer capable of absorbing sufficient amounts of oxygen, water, and nutrients and removing all the metabolic waste products that the cells which constitute them produce. Hence, the cells that make up these blood vessels become injured and eventually die from malnutrition, suffocation, and dehydration.

In a young person, the blood vessels of the heart have a diameter of about 3mm. By regularly overeating protein foods, the normally smooth and polished inner wall of a blood vessel becomes uneven, and the blood vessel as a whole thickens and loses its elasticity. This leads to a deterioration of blood flow throughout the circulatory system, and may culminate in a complete blockage. Coronary arteries that are totally blocked resemble an old rusty, damaged, calcified water pipe. Their walls are brownish-red and are clogged up with yellowish, calcified material.

The Revealing Role of Homocysteine

Researchers discovered that the toxic, sulphur-containing amino acid *homocysteine* (HC) promotes the tiny clots that initiate arterial damage and the catastrophic ones that precipitate **most** heart attacks and strokes (Ann Clin & Lab Sci, 1991 and Lancet 1981). HC results from normal metabolism of the

amino acid *methionine* – which is abundant in red meat (especially well done steak), milk, and dairy products. Normally, your body has a built-in defense mechanism against homocysteine buildup – it transforms it into a harmless substance called *cystathionine*, which is flushed from the body in the urine. However, regularly overeating proteins greatly undermines this ability.

Although the role of increased homocysteine levels in the blood as a major risk factor of heart disease has been common knowledge in the field of medical research for many years, it is only now being recognized as such in the field of applied medicine. The presence of unsafe levels of homocysteine in the body is thought to be associated with people who are genetically unable to convert homocysteine at a sufficient rate. But the enormous incidence of abnormal homocysteine levels among heart disease patients suggests that the genetic factor is secondary, or may even be a response to continuously overwhelming the body with protein foods[5]. Foods that are high in folic acid[6] have been shown to drastically lower homocysteine levels and thereby reduce the risk of cardiovascular disease.

Conclusion: If you regularly consume large quantities of animal protein, including meat, pork,

[5] Similar to the phenomenon of genetic mutation in cancerous growths. See specific information in *Cancer Is Not A Disease – It's A Survival Mechanism,* by the author.

[6] See Chapter 7 of *Timeless Secrets of Health & Rejuvenation.*

poultry, fish, eggs, milk, cheese, etc., your body's ability to break down and safely remove all the protein or homocysteine becomes increasingly impaired (if it is not already naturally inefficient by constitution). Since excessive protein consumption thickens the blood and increases its risk of clotting, the body is forced to store the protein and the by-products of protein metabolism in the connective tissues under the skin as well as in the connective tissue of the organs and the basement/basal membranes of the capillary network. When the storage capacity of these membranes is exhausted, no more protein can be deposited in the capillaries. If over-consumption of animal protein continues, the body begins to store the excessive protein in the walls of the arteries (see illustration 1). At this stage, the main coronary arteries become thickened, damaged, and inefficient. As they become occluded and cut off the oxygen supply to the heart, a heart attack occurs. Thus, the storage of excessive protein in the body acts like a "time bomb," ready to explode at any moment.

C-Reactive Protein Reveals the Truth

Continuous storage of excessive proteins in the blood vessel walls will eventually damage them. To help repair the damage and remove weak and injured cells, the body responds with inflammation.

Inflammation is not a disease, but the body's basic emergency-response system. When the body is threatened by disease-causing germs, such as storage of proteins in the basal membranes of the blood vessel and subsequent buildup of protective fatty plaque in the arteries, the immune system dispatches large amounts of specialized cells to swarm and destroy the invader or potentially life-threatening obstructions. In the process of trying to fix the problem through inflammation, the immune cells cause multiple lesions that become increasingly unstable and may eventually rupture. When the body is unable to contain the bleeding resulting from a ruptured lesion, and any attempts to seal off the wound (s) fails, a heart attack or stroke occurs.

In a groundbreaking study published in the New England Journal of Medicine in 2002, doctors from Boston's Brigham and Women's Hospital showed that a simple blood test, called C-Reactive Protein (CRP), was able to predict which patients are most likely to suffer a heart attack or stroke. CPR measures the presence and intensity of inflammation in the walls of the blood vessels. Inflammation in the blood vessel walls is a much more accurate indicator of imminent heart trouble than measuring the concentrations of the “good” cholesterol (HDL) and the “bad” cholesterol (LDL) in the blood. This finding is very significant because half of all heart attacks occur in people with normal cholesterol levels. It not only shows that inflammation plays a key role in heart disease, but also in a wide range of other disorders involving the

circulatory system, including arthritis, diabetes and cancer.

CRP is a protein produced by the liver in reaction to the immune system's inflammatory response. A simple blood test is able to detect this protein. Its concentration in the blood can determine how inflamed the heart arteries may be.

In the above study, the research team tracked the levels of both CRP and LDL ("bad" cholesterol) in nearly 28,000 women for eight years. According to the results of the study, women with high levels of CRP were twice as likely to have heart disease as those with high LDL. It also showed that many women who later suffered heart attacks would have been given a clean bill of health on the basis of their low LDL. Just relying on testing a person's cholesterol levels may is not enough, and may, in fact endanger his life.

CRP cannot be considered the ultimate testing kid for heart disease either, because it can jump as much as 10-fold when a person is fighting a cold or the flu. Infection includes an inflammatory response, and, therefore, the C-reactive protein is most likely to show up in the blood. However, this important piece of research shows that cholesterol testing is not what we should be focusing on if we want to save the lives of people who are at risk of heart disease. This is further substantiated by the most recent research showing that elevated blood cholesterol level cannot even be considered to be a major risk factor for heart attack (see *Risk Indications of a Heart Attack* below).

Instead, focusing on the very causes of the inflammatory response will help us eradicate the incidence of heart disease, as well as arthritis and cancer.

How Heart Attacks Really Occur

Just cutting off oxygen supply to the heart may not be enough to destroy the heart. The heart is one of the most innovative and resilient organs in the body, and it requires a lot of abuse for it to die. When the basement or basal membranes of the capillaries and arteries can no longer guarantee sufficient supply of oxygen, sugar, and insulin to the cells of the heart muscles, their ability to contract and pump blood is greatly reduced. Just to continue their work without enough oxygen, the heart cells begin to ferment glucose to produce energy, but this (anaerobic) process produces lactic acid, which acidifies the muscle tissues.

To continue maintaining its pumping action, the heart employs an additional emergency measure to gain energy, which is to mobilize and break down fats. Yet, without using oxygen in the process, these fats turn into harmful, cell-destructive acids. Proteins also begin to be used to provide energy; the by-products are once again harmful fatty acids. Since the thickening of the connective tissues as well as the lymph and blood capillaries in the heart begins

obstructing normal elimination of metabolic waste, the heart muscles become intensely saturated with harmful acidic material. This may cause intense pain in the heart.

If uric acid, a waste product resulting from the breaking down of old cells, is retained in the tissues, gout occurs. The congestion leads to severe dehydration in the muscle cells, which prompts a group of cells known as *mast cells* to secrete the hormone *histamine* – a major water-regulating hormone in the body). When *histamine* passes over the sensitive pain nerves in the tissues, strong muscle pain results. If this form of muscle rheumatism occurs in the heart, it is called *Angina pectoris*. Both the acid accumulation and lack of oxygen lead to the death of the heart cells.

Heart attacks can occur in a number of ways:

1. The connective tissues surrounding the heart cells may become so densely congested that the heart cells simply die a painless death of suffocation.
2. In the case of an angina attack, it is acidification and low oxygenation of the heart muscles that destroys the heart.
3. The basal membranes of the capillaries and arteries are blocked and can no longer supply oxygen to the heart. The part of the heart where the attack occurs is also the part

where the storage capacity for protein was first exceeded.

4. A blood clot breaks loose from a congested and injured blood vessel, enters the heart and blocks its oxygen supply.

New Studies Question Value of Opening Arteries

The new and emerging understanding of how heart attacks occur raises the question how valuable or useful it is to open blocked arteries. For one thing, the increasingly popular aggressive treatments of opening arteries – bypass surgery, angioplasty[7] and stents[8] – do little or nothing to prevent the recurrence of an occlusion. Although bypass surgery was found to extend the lives of some patients with severe illness, it does nothing to prevent heart attacks. Overall, none of the currently used surgical procedures have been shown to significantly lower the mortality rate from heart disease.

One of the main reasons for the poor success rate of these treatments is that the vast majority of heart attacks do not originate with obstructions that narrow

[7] Opening of arteries by pushing plaque back with a tiny balloon and then, often, holding it there with a stent

[8] Stents consists of wire cages that hold plaque against an artery wall; they can alleviate crushing chest pain. They can also rescue someone in the midst of a heart attack by holding the closed artery open.

arteries. To tackle the heart disease epidemic spreading in most industrialized nations like North America, preventative strategies are the only ones that make sense. But since they cost near to nothing (including eating less protein, regular exercise, early bedtimes, balanced meals and regular meal times, drinking enough water, avoiding junk foods, giving up smoking, reducing alcohol consumption, etc.), prioritization of preventative approaches versus treatment after the fact is economically not lucrative enough for those in charge of health care.

The old model of understanding heart disease is rapidly falling apart, much to the surprise of heart experts. "There has been a culture in cardiology that the narrowings were the problem and that if you fix them the patient does better," said Dr. David Waters, a cardiologist at the University of California at San Francisco. This theory made so much sense to the surgeons, cardiologists and laypeople that for decades hardly anyone questioned it, except those few (including myself) who were more interested in discovering the true causes of heart disease. The newest scientific discoveries now finally exposed this theory's major flaws, with little room for discussion.

Until recently[9], researchers believed that coronary disease is akin to sludge building up in a pipe. Plaque

[9] This is not quite true, since as long ago as 1986, Dr. Greg Brown of the University of Washington at Seattle published a paper showing that heart attacks originated in areas of coronary arteries where there was too little plaque to be stented or bypassed.

accumulates slowly, over decades, and once a coronary artery is blocked, no blood can get through to the heart and the patient suffers a heart attack. In order to prevent this catastrophe from happening, the most apparent rational "solution" to this problem was to perform bypass surgery or angioplasty to replace or open up the narrowed artery before it closed completely. The assumption that this would avert heart attacks and prolong life seemed indisputable. However, as medical research shows, this theory is no longer valid, and therefore, misleading. A study published in the New England Journal of Medicine by Coronary Artery Bypass Surgery Cooperative Study Group clearly demonstrated that the three-year survival rate for bypass surgery is the same as if no surgery was undertaken.

According to numerous heart disease studies, most heart attacks do not occur because an artery is narrowed by plaque. Instead, researchers say, heart attacks occur when an area of plaque bursts, causing formation of a blood clot over the area and abruptly blocking blood flow. In actual fact, in 75 to 80 percent of cases, the plaque that breaks off was not obstructing an artery at all and would, therefore, not even be considered for bypass surgery or stenting. The really dangerous type of plaque is soft and fragile, produces no symptoms and would not be seen as an obstruction to blood flow. For that reason, bypassing the hardened parts of an artery does nothing to lower the risk of a future heart attack. Is it surprising then that so many heart attacks are

unexpected? Accordingly, a person may have no problem jogging one day, but suffer a heart attack (or stroke) the next. If a narrowed artery were the culprit, the person would not even be able to exercise due to severe chest pain.

Most heart patients have hundreds of vulnerable plaques in their arteries. Since it is impossible to replace all these injured, plaque-ridden sections, the current interventional procedures are pretty helpless to prevent heart attacks. Regardless, this doesn't mean there are less bypasses or stent operations performed. The multi-billion dollar stent-business has, in fact, become unstoppable.

Heart researchers and some cardiologists are becoming increasingly frustrated with the fact that their findings are not being taken seriously enough by the health practitioners and their patients. "There is just this embedded belief that fixing an artery is a good thing," said Dr. Eric Topol, an interventional cardiologist at the Cleveland Clinic in Ohio. It has almost become fashionable to have one's arteries fixed, just in case. Dr. Topol points out that more and more people with no symptoms are now getting stents. In 2004, over one million Americans opted for a stent operation.

Although many doctors know that the old theory no longer holds true, they feel pressured to opening blocked arteries anyway, regardless whether patients have symptoms or not. Dr. David Hillis, an interventional cardiologist at the University of Texas Southwestern Medical Center in Dallas, explained:

"If you're an invasive cardiologist and Joe Smith, the local internist, is sending you patients, and if you tell them they don't need the procedure, pretty soon Joe Smith doesn't send patients anymore. Sometimes you can talk yourself into doing it even though in your heart of hearts you don't think it's right."

According to Dr. Topol, a patient typically goes to a cardiologist with a vague complaint like indigestion or shortness of breath, or because a scan of the heart indicated calcium deposits – a sign of atherosclerosis, or buildup of plaque. Doing his job, the cardiologist follows the standard procedures and puts the patient in the cardiac catheterization room, examining the arteries with an angiogram. If you live in a developed country like America and are middle-aged or older, you are most likely to have atherosclerosis, and the angiogram will show a narrowing. It will not take much convincing to tell you that you need a stent. "It's this train where you can't get off at any station along the way," Dr. Topol said. "Once you get on the train, you're getting the stents. Once you get in the cath lab, it's pretty likely that something will get done."

Dr. Hillis believes that it is ingrained in the American psyche that the value of medical care is directly related to how aggressive it is. Hillis has tried to explain the evidence to his patients, but with little success. "You end up reaching a level of frustration," he said. "I think they have talked to someone along the line who convinced them that this procedure will save their life. They are told if you

don't have it done you are, quote, a walking time bomb."

Even more disquieting, Dr. Topol said, is that stenting can actually cause minor heart attacks in about 4 percent of patients. This means that out of the one-million stent patients in 2004, 40,000 ended up suffering heart damage from a procedure meant to prevent it, heart damage that they may never have developed without undergoing the procedure.

According to a new report (October 15, 2004) in the *New England Journal of Medicine*, the two stents that are currently approved by the Food and Drug Administration (FDA), the Cordis Cypher sirolimus-eluting stent and the Boston Scientific Taxus Express paclitaxel-eluting stent, have been associated with highly publicized adverse events after they were approved for marketing.

Bypass, angioplasty and stent operations are not about preventing heart attacks per se. The obvious purpose of the procedures is symptom relief. Patients are satisfied that "something" was done, relieved of the anxiety of dying from a sudden heart attack. In addition, the doctors are satisfied that their patients are happy. Of course, the drug industry is satisfied because the patients are doomed to taking expensive drugs for the rest of their lives.

Risk Indications of a Heart Attack

Most food-related blood vessel diseases, including heart attacks, stroke, rheumatism, and angina pectoris, are not primarily disorders of sugar and fat metabolism, but diseases resulting from protein storage. Eating too much protein food can be considered one of the greatest risk factors for developing any kind of disease. The thickening of the basal membranes of blood vessels and connective tissues caused by the storage of protein affects the very lives of all cells in the body. When and wherever in the body such congestion occurs, premature aging of cells and organs result. On the other hand, wherever the capillary walls maintain their porous, flexible nature and original thinness, cell nourishment and organ vitality continue throughout life.

Fat and *cholesterol* are not the primary blocking agents of blood vessel walls and, can therefore, not be considered to be the main cause of heart disease or any other disease in the body. Storage of protein in the blood vessel walls, on the other hand, is the common factor in all patients who suffer from alimentary (food-caused) atherosclerosis. Since most people in the advanced nations have consistently been consuming excessively large quantities of protein, particularly since World War II, coronary heart disease has become the leading cause of death in the developed world. As you will be able to see below, most of the leading risk elements of suffering

a heart attack are directly or indirectly linked with high protein consumption and protein deposits in the blood vessel walls. The following are the indications of such risks:

1. ***Thickening of blood as measured by Hemocrit or packed cell volume***

The *Hemocrit* is the volume of red blood cells in one liter of whole blood, determined by a simple and cheap blood test. If it is above 42%, the risk of a heart attack increases. A healthy person has a Hemocrit of 35% to 40%. Under the assumption that the presence of larger quantities of protein in the blood is harmless, many doctors consider a volume of 44-50% to be still in the normal range; research, however, has shown that heart attacks were twice as high when the Hemocrit reached 49% compared to when it was 42%. The fact is that the higher the Hemocrit rises the greater is the risk of suffering a heart attack.

The question arises, why would the volume of red blood increase to beyond 40%? When the basal membranes and the intercellular tissues become thickened due to storage of excessive protein, blood flow slows down and becomes obstructed. This "naturally" increases the concentration of all blood values, including proteins, fats, and sugar. The thickening of the blood poses a great risk that affects

all parts of the body. To deal with the dangerously high concentration of protein in the blood, the pancreas secretes extra insulin, but in doing so, the insulin may further injure and weaken the blood vessel walls. The cells making up the capillary walls start to absorb some the excessive protein, convert it into collagen, and deposit it in their basal membranes. Although this has a much-needed thinning effect on the blood, it also reduces nutrient transport to the cells. When the cells signal malnutrition, the blood nutrient levels begin to rise until the pressure of diffusion is high enough again to deliver enough nutrients to the cells.

In the meanwhile, this constant maneuvering raises the number of red blood cells, which contain the red colored *hemoglobin.* Hemoglobin combines with oxygen in the lungs and transports it to all the body cells. With increased thickness of the basal membranes, the oxygen supply to the cells also becomes restricted. The resulting increased need for oxygen by the cells raises hemoglobin concentrations in the red blood cells. However, this makes the red blood cells swell up. Eventually, they are too enlarged to pass through the tiny capillaries, blocking them altogether.

This even more drastically cuts down the nutrient and water supply to the cells, which subsequently begin to suffer dehydration. To signal dehydration, the cells release their water deficiency enzyme *renin* into the tissue fluid, which through a myriad of chemical events leads to an increase of heartbeat and

cardiac output. This emergency measure increases water supply to the cells and prevents their demise, but it also raises the blood pressure. Known as *essential hypertension,* this situation causes even more stress and damage to the blood vessels than have already occurred. The vicious cycle is closed. The preconditions of suffering a heart attack are now in place.

Conclusion: Both factors combined – an increased Hemocrit, which indicates increased blood thickening, and a higher hemoglobin concentration in the red blood cells – reduce blood circulation. A round, red-colored face and chest are typical indications of an abnormally high blood volume and a decreased blood circulation in the adult hypertensive and diabetic patient. The cell tissues begin to dehydrate as water distribution becomes increasingly difficult. The rate and force of contraction of the heart muscle increases to help maintain the cardiac output against a sustained rise in congestion throughout the circulatory system. Eventually, the heart can no longer afford such strenuous activity and collapses.

2. *Eating too much Animal Protein*

The majority of heart attack patients confirm that they have been eating large quantities of animal protein, including, meat, chicken, fish, eggs, or cheese throughout their life or at least for many

years. By contrast, there are virtually no heart attacks among vegetarians eating a balanced died plant food diet.

3. ***Cigarette Smoking***

The risk of cardiovascular diseases increases greatly with smoking. This, however, is not so much due to the nerve toxin *nicotine*, which is completely broken down within a few hours after smoking, but is rather caused by the *carbon oxide* (CO) contained in cigarette smoke. *Carbon oxide* or *monoxide* diffuses from the lungs into the blood where it attaches itself to the hemoglobin of the red cells, about 300 times faster and tighter than oxygen does. All the CO of the inhaled smoke combines with hemoglobin and thereby blocks off oxygen transport to the cells. The red blood cells, which are loaded with carbon monoxide-hemoglobin, begin to burst and shed their defective protein particles into the plasma of the blood from where many of them are deposited in the basal membranes of the capillary walls. When the capillaries' storage capacity has reached its saturation point, the arteries begin to deposit the protein debris in their walls.

This makes the carbon monoxide of cigarette smoke a slow-working, but lethal poison that, by forming excessive amounts of protein debris, destroys the body's circulatory network and heart muscles. In addition, passive smokers inhale large

amounts of carbon monoxide, which explains why they are at a similar risk of developing coronary heart disease.

4. ***Constitutional (genetic) Disposition towards Reduced Protein Destruction***

People whose constitution does not require extra food protein in order to be healthy (mostly the *Kapha* and *Pitta* types)[10] do not have a very efficient enzyme system for breaking down food protein. Since constitutional body-types are mostly hereditary, this genetically determined "inefficiency" is passed on from parents to children. Those with a family history of heart attacks appear to be at risk because of possible hereditary factors, but the role of genetics in heart disease is only marginal. The primary reason is family members sharing a similar diet, lifestyle and constitutional body type, with possibly the same "inefficient" enzyme systems for destroying excessive, unused proteins.

5. ***Women during and after Menopause***

Women who consume large quantities of protein foods and/or smoke cigarettes are at risk once their

[10] To determine what body type you are, see author's book, *Timeless Secrets of Health & Rejuvenation.*

menstrual cycles become irregular or come to an end. The regular loss of menstrual blood practically protects a woman (before menopause) from accumulating dangerous amounts of protein in the body, as long as the reproductive system functions normally. This may explain why menstruating women before age 40 are generally not at risk of suffering a heart attack, whereas men of that age are. All the different blood values in women under 40 are lower than among men in the same age group. These include red blood cells, hemoglobin, Hemocrit, and the total amount of protein. Research has shown that men aged between 30 and 40 years are six times more likely to die from a heart attack than women of the same age. In fact, heart attacks among menstruating women are extremely rare.

Once a woman's menstrual cycles subside, if she continues eating animal protein, the level of protein concentration in the blood begins to rise steadily. By the time she is about 50 years old, her risk of suffering a heart attack is nearly the same as it is for a man of the same age. The earlier the menopause begins the greater the risk. Women, whose ovaries have been removed before age 35, have a seven times greater risk of a heart attack than those who have yet to enter menopause.

The hot flushes and reddening of the face, which many women experience during menopause, are most often signs of higher blood values. They indicate that the body has stored excessive amounts of protein, which it can no longer expel with the menstrual

blood. It has now been found that a diet consisting of a lot of dairy products hastens the forming of atherosclerotic deposits in a woman's body even further, and, as I will explain later, causes osteoporosis.

6. Not eating enough fruit and vegetables, smoking and not exercising

It was a wake-up call for Baby Boomers when newscasters were reporting in 2004 about emergency heart surgery performed on former President Bill Clinton. Unfortunately, the message conveyed to the world wasn't on improving heart health, but on taking the right drugs. It was by mere coincidence that just one week before President Clinton was admitted to the hospital, the prestigious medical journal *The Lancet* sounded a wakeup call with a different meaning. A major new study on heart disease risk published by the *Lancet* had this message for those concerned about their hearts: "Wake up and get heart healthy. You don't need medicine for that."

When President Clinton left office in 2001, he was still on the cholesterol-lowering statin drug *Zocor*. However, once his excessive weight came off and his cholesterol levels dropped, he discontinued taking the statin drug. When mainstream doctors heard about Clinton's heart condition, they immediately pointed the finger at not taking the statins as being the culprit.

"See what happens when you don't take your pills?" Their words carried a warning for the rest of us who perhaps are just as careless when it comes to keeping our cholesterol levels in check. Some cardiologists believe that Clinton will now have to be on a much higher dose of a cholesterol-lowering drug for the rest of his life. This is certainly not unusual after undergoing a heart bypass operation, but it does not always make sense, and perhaps it hardly ever does.

In a *Newsday* report, Dr. Valavanur Subramanian, chairman of cardiovascular surgery at New York's Lenox Hill Hospital, noted that two of the three arteries used in Clinton's operation were mammary arteries, taken from his chest. Dr. Subramanian described these arteries as "extraordinarily resistant to cholesterol buildup." The question arises why put a man on potentially dangerous statin drugs when his arteries are virtually incapable of accumulating cholesterol deposits. Clinton is also most likely sentenced for life to taking a daily aspirin, along with a diuretic drug (to prevent buildup of fluid), and a beta-blocker (to help regulate heartbeat). This potentially hazardous drug cocktail is going to be his "crutch" for the rest of his life, unnecessarily, though. According to the editors of the Lancet, the new study titled INTERHEART is one of the most robust studies ever done on heart disease risk factors. The 260 researchers closely observed and rigorously tested 15,000 heart attack patients for about a decade, matching them with the same number of subjects who had not experienced any heart problems. The

worldwide study included male and female subjects with a wide range of ages, cultural backgrounds and dietary habits. The result may come as a shock to those who believe that high LDL cholesterol (the "bad" cholesterol), is a major risk factor for heart attacks. According to the study, this isn't the case.

According to INTERHEART, the number one physical risk factor of heart attack is an abnormal ratio of *apolipoproteinB (apoB*) to *(apoA1).* Apolipoprotein is cholesterol's protein component. ApoB is the protein found in LDL, and apoA1 is found in HDL. The ideal apo ratio is one apoB to two apoA1. In other words, an elevated bad cholesterol (LDL) alone poses no major risk for the heart. Yet, high LDL is the very condition cholesterol-lowering statin drugs are prescribed for. The whole focus has been on getting your cholesterol down and keeping it low. When doing this with drugs, you are asking for trouble. Thus, due to the numerous harmful side-effects of statin drugs, millions of unsuspecting healthy people have already been turned into real patients with real (drug-caused) diseases. They have never been told that elevated cholesterol poses no major risk to their heart. Certainly, no patient I know has heard from his doctor about the apo ratio.

The INTERHEART study was launched in 1994, at a time other major risk factors were not yet widely known; factors such as triglycerides, homocysteine and C-reactive protein. In their report the INTERHEART team listed the most important risks of heart attack after apo ratio (from greater to lesser

risk): cigarette smoking, diabetes, high blood pressure, excessive abdominal fat, stress, inadequate intake of fruits and vegetables, and lack of exercise. Much to the surprise of the cholesterol/heart disease lobbyists, elevated cholesterol wasn't one of them. In the concluding remarks of the 10-year study, researchers wrote that the relative risk for heart attack can be lowered by about 80 percent just by doing three things: eating plenty of fruits and vegetables, getting regular exercise, and avoiding smoking. Since cholesterol-lowering drugs have not been shown to lower the risk of heart attack, they were notably absent in the study's list of recommendations, much to the annoyance of the major statin producers.

INTERHEART is not the only large study that discovered the significance of the apo ratio. During a Swedish study, researchers tracked more than 175,000 men and women for about five and a half years. The average age of the subjects was 48. Researchers studied all the main markers believed to be a risk, including total cholesterol, LDL and HDL cholesterol, triglycerides, and concentrations of apoB and apoA1. Over the course of the study, 864 men and 359 women died from heart attacks. While comparing the blood profiles of these heart attack victims to the remainder of the participants, the researchers found that an unbalanced apo ratio was the strongest predictor of heart attack death among all of the markers studied. Apo ratio was the only marker consistent over all age groups. They also found that an abnormal apo ratio continued to pose

the same heart attack risk even when total cholesterol, LDL cholesterol, and triglycerides were within normal ranges.

It is my experience with hundreds of heart disease patients that eliminating animal proteins from their diet has helped restore normal heart functions, sometimes within a matter of six weeks. I, therefore, have come to the conclusion that eating a high protein diet, which is among the most acid-forming diets anyone can eat, greatly upsets the apo ratio and induces an inflammatory response in the coronary arteries. Both factors go hand in hand and, as we now know, pose the greatest physical risks to the health of the heart.

7. ***Kidney Disease***

Just as is the case with congestion of the liver's bile ducts and gallbladder with stones, many people live with undetected, chronic kidney disease. When symptoms finally begin to appear, it is often too late to reverse the damage. Health officials estimate that there are many as 10 to 20 million people in the U.S. with serious kidney problems. However, you may ask what this has to do with heart disease.

Two new studies, published in September 2004 in the New England Journal of Medicine (NEJM), found a clear correlation between chronic kidney disease (even non-severe) and cardiovascular disease,

which makes prevention of kidney disease more important than ever.

In one of the studies, researchers examined three years of data covering the medical records from over one million patients (made available to them by the Kaiser Permanente Renal Registry in San Francisco). The average age of the subjects was 52 years. The research team specifically looked at the results of a blood test that measures the rate at which kidneys are able to filter waste from the bloodstream (glomerular filtration rate or GFR). The findings revealed that as GFR dropped, the risks of cardiovascular disease, stroke, hospitalization and death all increased sharply. In those patients where the GFR was below 45, the risk of death jumped by 17 percent, and the risk of a cardiovascular event increased by more than 40 percent.

In the second study, conducted in the cardiovascular division of Boston's Brigham and Women's Hospital, researchers showed that a GFR below 45 among patients who had suffered heart attack boosted death risk to more than 45 percent. Noting that factors common to kidney disease (such as the protein albumin in the urine, high homocysteine levels, inflammation and anemia) may boost the risk of cardiovascular disease and death, the researchers concluded that even mild kidney disease should be considered a major risk factor for cardiovascular complications after a heart attack.

To ensure that your kidneys continue functioning properly, you will need to keep your colon, liver and

kidneys clean[11]. Kidney health largely depends on efficient performance of the digestive system. In addition, to allow the kidneys do their important job of blood filtering, the basal membranes of the capillaries and arteries supplying blood to the kidney cells must be free of any protein deposits. Kidney health also depends on how well the lymph ducts are able to drain the kidneys' metabolic waste products and millions of turned-over, dead kidneys cells each day. Congestion in the body's largest lymph vessel (thoracic duct) leads to back-flushing of waste in the kidneys, which slowly suffocates them in their own waste and cell debris. Among the most lymph-congesting foods are animal proteins, milk and cheese, as well as highly processed and fat-deprived foods.

Besides keeping the main eliminative organs clean, there are other ways to prevent kidney disease, including: a nutritious low-protein diet, regular nutritious meals, sleeping between 10 p.m. – 6 a.m. to permit the liver and kidneys to do their respective work, taking care of one's emotional health, and most other advice provided in this book. If you keep your kidneys healthy, your heart may have little to fear.

[11] See *The Amazing Liver & Gallbladder Flush* by the author.

8. Antibiotics and other synthetic drugs

It is becoming increasingly evident that medicinal drugs that have a suppressive effect on anything in the body diminish heart health. Every time you try to prevent the body from clearing out accumulated toxins and waste through a cold, a viral infection, or a disease process that includes inflammation, your heart is burdened with the difficult task of having to push the harmful waste material released from the tissues back to where it came from. With each new attempt to subdue pain, infection, cholesterol, etc., less and less of this waste finds its way out of the body. Some of it ends up congesting the lymph ducts responsible for draining the heart muscles of their metabolic waste products. Antibiotics are one of the leading culprits for this form of heart damage.

For many years, antibiotics have been over-prescribed, often for infections (such as the common cold and flu) that they have no effect on at all. It is common knowledge that antibiotics don't kill viruses, only bacteria. Now a new study shows that the popular antibiotic *erythromycin,* which has been widely used since the 1950s, may actually trigger cardiac arrest.

For many years, heart doctors have been aware of a risk of cardiac arrest when erythromycin is used intravenously, but this risk has been less well known among family practitioners who often prescribe the same antibiotic in pill form to treat a wide variety of infections. This new study, conducted by researchers

from Vanderbilt University, examined the risk of cardiac arrest when oral erythromycin is used alone or with other medications. Their report, which was published in the New England Journal of Medicine in October 2004, covered the medical records of more than 4,400 Medicaid patients, averaging 15 years per patient. About 1,475 subjects suffered cardiac arrest during the study period. When the complete medication use of each subject was analyzed, researchers came up with these results:

- The rate of sudden death from cardiac causes was twice as high among patients using erythromycin, compared to subjects that didn't use the antibiotic.
- Two blood pressure medications that are sold generically – verapamil and diltiazem – were both associated with an additional increased risk of cardiac arrest when taken with erythromycin.
- Other drugs associated with increased cardiac attack risk when taken with erythromycin include the antibiotic clarithromycin, the vaginal yeast infection drug fluconazole, and two antifungal drugs: itraconazole and ketoconazole

According to the researchers, blood levels of these additional drugs may be boosted by erythromycin, making the blood thick and sluggish. This can result in a slower heart rate, which in turn may trigger

irregular rhythms, setting in motion a cardiac arrest. In an interview with The Associated Press, the lead researcher of the study, Wayne A. Ray, Ph.D., warned that erythromycin levels may also be increased by drinking grapefruit juice or by taking protease inhibitors used to treat AIDS.

Just because your doctor prescribes you a medical drug does not mean it is safe. Very few drug interactions with other drugs or with common foods have ever been tested. Drug prescription can be a gamble of life and death that you a willing to risk when you enter your doctor's office. The bottom line is that all pharmaceutical drugs contain poisons that have a detrimental effect on your health. Your heart is the one that pays the ultimate price for the constantly offered and highly praised shortcuts to health.

The fact is no Disease Control Agency or Federal Drug Administration (FDA) can protect you from developing a serious illness or dying as a result of using prescribed drugs. The VIOXX scandal of September 2004 has taught us that there are no safe drugs out there. VIOXX, a leading arthritis drug, was withdrawn by its producer, Merck & Co, after evidence leaked out that its use doubled the risk of heart attack and stroke. [As per the end of 2004, Merck was faced with over 1,000 lawsuits]. According to documentation, this risk has been known to both the drug producer and the FDA since the mid-nineties. The result of this well-kept secret was that a minimum of 27,000 people suffered a

heart attack or died because of it. Given the high number of unreported side-effects, this number may well exceed hundreds of thousands.

More are more drugs are coming under suspicion of being killer drugs. Bextra is next. According to a study of more than 1,500 patients who had previously undergone cardiac surgery, those who were treated for pain with Bextra were more likely to have heart and blood clotting problems than those who received no drug at all. Stroke, heart attack, blood clots in the lung, deep vein blood clots in the leg, all can result just from taking this drug. Arthritis drugs have never been safe, but they have never been properly tested for safety. Vioxx, Celebrex, Bextra, Aleeve, Aspirin are just plain poisons. Another arthritis drug – *infliximab* (Remicade) – is on cancer-causing alert. Amazingly, so many people have been so blinded by clever advertising campaigns and methods of brainwashing that they have no clue they are methodically poisoned in order to support and sustain, besides oil, the most lucrative business in the world – the pharma-medical industry.

The main question is how could anyone possibly want to entrust his life to the hands of drug-producers whose only objective it is to keep the sickness-business going by making sure what they produce creates more health problems that it can resolve? In the majority of all cases, attempting to prescribe medications that claim to offer a relief to the symptoms of disease is not only a dangerous approach, but also an unscientific and unethical one.

Ending the Cholesterol-Heart Disease Myth

At no time has there been a record of cholesterol ever having blocked a vein in the body! It is not the stickiness of cholesterol that causes the blockage of healthy blood vessel walls! The body uses cholesterol as a kind of bandage to cover abrasions and tears in its arterial walls. It is a life-saver.

For the past thirty-five years, the lipoprotein *cholesterol* has been stigmatized to be the number one cause for most deaths in the rich nations – heart disease. This is how the theory goes: cholesterol is known to increase in the blood stream of many people today, stick to the walls of arteries, and eventually starve the heart muscles of oxygen and nutrients. The masses are advised to reduce or ban fats like butter and oils from their diet so that they can live without the fear of dying from a heart attack. The tremendous concern of being attacked by this "vicious" lipoprotein has finally led to innovative technologies that can even extract cholesterol from cheese, eggs, and sausages, thus making these "deadly" foods "consumer-safe." Products that claim to be low in cholesterol, such as margarine and light-foods, have become a popular choice of "healthy eating."

Cholesterol is Not the Culprit After All

As INTERHEART and other studies have shown, cholesterol isn't even a major risk factor for heart disease. An earlier study sponsored by the German Ministry of Research and Technology showed that there is no exact link between food cholesterol and blood cholesterol. Even more surprising, in Japan, the cholesterol levels have risen during recent years, yet the number of heart attacks has dropped. The largest health study ever conducted on the risks of heart disease took place in China. Like so many other similar studies, it found no connection between heart disease and the consumption of animal fats.

All the major European long-term cholesterol studies confirmed that a low fat diet did not reduce cholesterol levels by more than 4% percent, in most cases by merely 1-2%. Since measurement mistakes are usually higher than 4% and cholesterol levels naturally increase by 20% in autumn and drop again in winter, the anti-cholesterol campaigns since the late 1980s have been very misleading, to say the least. A more recent study from Denmark involving 20,000 men and women, in fact, demonstrated that most heart patients have normal cholesterol levels. The bottom line is that cholesterol hasn't been proved a risk factor for anything.

The current medical understanding of the cholesterol issue is more than incomplete. The argument that animal tests on rabbits have confirmed that fatty foods cause hardening of the arteries sounds

reasonable, but only when the following facts are omitted:

1. Rabbits respond 3,000 times more sensitively to cholesterol than humans do.
2. Rabbits, which are non-carnivorous animals by nature, are force-fed excessive quantities of egg yolk and brain for the sake of proving that cholesterol-containing foods are harmful.
3. The DNA and enzyme systems of rabbits are not designed for consumption of fatty foods, and if given a choice, these animals would never eat eggs or brains.

Death in Trans Fatty Acids

It is obvious that the arteries of these animals have only an extremely limited ability to respond to the damage caused by such unsuitable diets. For over three and half decades the Western civilization assumed that animal fats are the main cause of dietary heart disease. This misinformation is highlighted by the fact that heart attacks began to rise when consumption of animal fats actually decreased. This was verified by British research, which revealed that those areas in the UK where people consumed more margarine and less butter had the highest numbers of heart attacks. Further studies revealed

that heart attack patients had consumed the least amounts of animal fats.

In this context, it is important to differentiate between processed and unprocessed fats. It has been discovered that people who died from a heart attack were found to have many more of the harmful fatty acids, which are derived from the partially hydrogenated vegetable oils of margarine, in their fat tissue than those who survived. These so-called "faulty" fats (trans-fatty acids) envelop and congest the cellular membranes, including those of the heart and the heart arteries. This practically starves the cells of oxygen, nutrients, and water, and eventually kills them. In another more comprehensive study, 85,000 nurses working in American hospitals observed a higher risk for heart disease in patients who consumed margarine, crisps, biscuits, cakes, and white bread, all of which contain "faulty" fatty acids.

Eating margarine can increase heart disease in women by 53% over eating the same amount of butter according to a recent Harvard Medical Study. While increasing LDL cholesterol, margarine lowers the beneficial HDL cholesterol. It also increases the risk of cancers by up to five fold. Margarine suppresses both the immune response and insulin response. This highly processed and artificial product is but one molecule from being plastic. Flies, bacteria, fungi, etc. won't go near it because it has no nutritional value and cannot be broken down by them. It can last for years, not just outside the body, but inside as well. It is very apparent that eating

damaged, rancid fats or trans-fats can destroy any healthy organism and should be avoided.

As early as 1956, The Lancet cautiously warned that *"...coronary artery disease becomes in part a preventable disorder, but at the cost of a complete revolution in our present-day dietary habits. The hydrogenation plants of our modern food industry may turn out to have contributed to the causation of a major disease.* "The persistent ignoring of this fact by governments and doctors can be held responsible for the unnecessary death of millions of people in the past five decades.

Let's summarize the most important points made above:

- It is very damaging advice to "keep your fats low." To digest fats properly and make good use of them we need 15 – 20% of our food to be in fat, natural fats and oils.
- If you want to get rid of excessive fat in your body, you need to eat more of those natural fats and avoid the unhealthy, toxic fats. Not eating natural fats slows your digestion and metabolism and, therefore, actually makes you accumulate fat. Farm animals that are deprived of fats and fed with carbohydrates become hungrier, eat more and put on fat more quickly. Every cell in our body needs healthy fat derived from the essential fatty acids.

- The body has no capacity to process and utilize margarine and hydrogenated oils. Eating these unnatural fats will clog up cell membranes, arteries, the heart, cause cancer and impair brain development in children and in adults. Researchers consider them a leading cause of death. Hence, sales are controlled or forbidden in Europe. The English speaking countries, though, have resisted the ban on these Frankenstein foods due to the enormous pressure by the manufacturing industry.

Healthy Today – Sick Tomorrow

Unfortunately, elevated cholesterol, also referred to as *hypercholesterolemia,* has become the dominating health risk of the 21st century. It is actually an invented disease that doesn't show up as one. Even the healthiest people may have elevated serum cholesterol and yet they remain healthy. Nevertheless, they are instantly turned into patients when a routine blood test reveals that they have a "cholesterol problem."

Since feeling good is actually a symptom of high cholesterol, the cholesterol issue has confused millions of people. To be declared sick when you actually feel great is a hard nut to swallow. Therefore, it may take a lot of effort on a behalf of a practicing physician to convince his patients that they are sick and need to take one or more expensive

claim that 200 blood *serum cholesterol* is normal and everything above is dangerous was scientifically unfounded, though. At least, this is what all the major cholesterol studies showed. In fact, in a 1995 issue of the Journal of the American Medical Association, it reported that there was no evidence linking high cholesterol levels in women with heart conditions later in life. Although it is considered completely normal for a 55-year-old woman to have a *cholesterol* level of 260 mg%, most women that age are not told about this. Healthy employees are found to have an average of 250 mg% with high fluctuations in both directions.

The lack of evidence linking elevated cholesterol with increased risk of heart disease, however, didn't stop the brainwashing of the masses. From one day to the next, 84% of all the men and 93% of all the women aged 50-59 in the U.S. whose *cholesterol* levels are 220 mg% and more, were suddenly told they needed treatment for heart disease. The completely unsubstantiated, but rigorously promoted cholesterol theories turned most of us into patients for a disease that we probably will never develop. Fortunately, not everyone has followed the advice to have their cholesterol levels checked.

To make matters worse, the official, acceptable cholesterol level has now been moved down to 180. If you already have had a heart attack once, your cardiologist will tell you to take cholesterol-lowering statins even if your cholesterol is very low. From the viewpoint of conventional medicine, having a heart

promotional campaigns by the pharmaceutical giants have already brainwashed the masses to believe they need these drugs to be safe from sudden heart attack. Even if a doctor knows the truth about the cholesterol issue, these anxious patients will demand a prescription from him. That the massive sales of these best-selling drugs of all time drive up health care costs to levels that undermine economic growth and make basic health care unaffordable to an ever-increasing number of people doesn't seem to be their immediate concern.

In 2004, there were already 36 million statin candidates in the U.S., with 16 million using LIPITOR alone. When the official LDL target level drops to 70, there will be another 5 million people eligible for their use. At the consumer markup price of $272.37 and a cost of $5.80 for a month supply of LIPITOR, for example, you can do the math and understand the incentive the pharmaceutical industry has to push their products and make them a mass commodity.

What Statins May do to You!

Statins inhibit the production of cholesterol. Now, most people would think that this is a good thing. The statins manage to lower cholesterol by inhibiting the body's production of *mevalonate*, which is a precursor of cholesterol. When the body makes less

mevalonate, less cholesterol is produced by the cells and thus blood cholesterol goes down as well. This still sounds good to most people. However, mevalonate is a precursor of other substances, too, substances with many important biologic functions that you definitely don't want to disrupt (see side effects below).

The masses are told that the most important objective is to get rid of the excessive cholesterol so that it doesn't clog up their arteries and cause a heart attack. This simplistic train of thought caused the trouble in the first place. Contrary to what we know about the true value of cholesterol, it has been declared to us that this essential substance is a dangerous nuisance that makes our lives miserable.

The fact is that each cell in your body requires cholesterol to make it waterproof and prevent its membrane from becoming leaky or porous. If your diet, for example, contains a lot of acidic compounds, such as meat protein, sugar and trans fats, your cell membranes become damaged and require repair. To fulfill the repair request by the cells, the body releases a flood of corticoid hormones that cause extra amounts of cholesterol to be transported to areas where needed.

One of cholesterol's many roles is to repair tissue damage. Scar tissue is known to contain high levels of cholesterol, including scar tissue in the arteries. In other words, whenever an artery becomes injured due to acid attacks and buildup of proteins in their walls, you can expect cholesterol to be there to help repair

- Allergies
- Asthma
- Reduced libido
- Infertility
- Various reproductive disorders
- Brain damage

The last side-effect on the list – brain damage – may be one of the most disturbing side-effects resulting from long-term use of stains. A case-control study published in 2002 by the American Academy of Neurology found that long-term exposure to statins may substantially increase the risk of polyneuropathy.

The problem with statin drugs is that they ***don't*** cause immediate side-effects like the older, cholesterol-lowering drugs did. The old method used was to lower cholesterol by preventing its absorption from the gut, which led to nausea, indigestion, and constipation. Nevertheless, the old drugs' success rate was minimal and patient compliance was very low. Statin drugs became an overnight success story because they were able to lower cholesterol levels by 50 points or more, with no immediate major side-effects. On the false notion that cholesterol causes heart disease, statins – the bestselling pharmaceuticals of all time – have become the miracle drug of the 21st century. The promise of the drug giants is that if you keep taking their drugs for the rest of your life you will forever be protected

against man's greatest killer disease. This equation, however, has two major flaws in it. One, cholesterol has never been proved to cause heart disease. Two, by lowering cholesterol with the help of statins, you can actually make your body very ill. The industry is now faced with an ever-growing number of reports listing the side effects that manifest many months after the commencement of therapy.

A 1999 study at St. Thomas' Hospital in London found that 36 percent of patients on LIPITOR's highest dose reported side effects and 10% of the patients at the lowest dose also reported side effects. The steady increase of obvious and hidden side-effects (such as liver damage) isn't at all surprising. The "benefits" (of lowering cholesterol) seen with LIPITOR early in the trial that led to its approval were so convincing that it was halted approximately two years ahead of schedule. The trial was never long enough to show that LIPITOR had long-term side-effects that could devastate people's lives. Side-effects from using LIPITOR include gas, stomach pain or cramps, diarrhea, constipation, heartburn, headache, blurred vision, dizziness, rash or itching, upset stomach, muscle pain, tenderness, muscle cramps or weakness with or without a fever.

The most commonly experienced side effects are muscle pain and weakness. Dr. Beatrice Golomb of San Diego, California is currently conducting a series of studies on statin side effects. Golomb found that 98 percent of patients taking LIPITOR and one-third of the patients taking Mevachor (a lower-dose statin)

cholesterol than the heart is and half of our adrenal glands consist of it. Cholesterol is an essential building block of all our body cells and is needed for every metabolic process. Because cholesterol is such an important substance for the body every single cell is capable of producing it. We could not even live a single day without it.

Cholesterol

- is important for brain development
- protects the nerves against damage or injury
- repairs damaged arteries (seals off lesions)
- supports immune functions
- gives elasticity to red blood cells
- stabilizes and protects cell membranes
- is the basic ingredient of most sexual hormones
- helps to form the skin
- is the essential substance which the skin uses to make vitamin D
- is the basic ingredient used to manufacture the body's stress hormones
- is needed to form bile acids to help digestion of fats and keep us lean
- helps to prevent kidney damage in diabetes

Cholesterol plays a vital role in every living being. Microbes, bacteria, viruses, plants, animals, and human beings all depend on it. Since cholesterol

is so important for our body, we cannot solely depend on its supply from external sources, but must be able to produce it independently as well. Normally, our body makes about half a gram to one gram of cholesterol a day, depending on how much the body requires at the time. The main cholesterol producers are the liver and the small intestines. These organs release the cholesterol into the blood stream where it is instantly tied to blood proteins that are responsible for transporting it to their designated areas for the purposes listed above. Cholesterol consists of fat and protein molecules, which gives it the name "Lipo Protein." Only about five percent of our cholesterol circulates in the blood, the rest is used for numerous activities in the body's cells.

If a healthy person consumed 100g of butter a day (the average European eats 18g a day), he would ingest 240-mg cholesterol, of which only 30-60% would be absorbed through his intestines. This would give him about 90 mg cholesterol each day. Yet of this amount, only 12 mg would eventually end up in his blood and raise the cholesterol level by as little as 0.2%. In comparison, our body is able to produce 400 times more cholesterol than we could obtain from eating 100g butter. In other words, if you eat more than the usual amount of cholesterol with your food, your blood cholesterol levels will naturally rise. However, to balance this increase your body will automatically reduce its own cholesterol production. This self-regulating mechanism ensures that cholesterol remains on the exact level that your body

requires in order to sustain optimal functions and equilibrium.

If eating fatty foods does not significantly increase cholesterol levels to meet the body's demands for this vital substance then the body must take other more drastic measures. One of them is the stress response. If your body runs low in cholesterol, you are likely to feel stressed. You will loose your calm and patience, and feel tense. Stress is a powerful trigger for cholesterol production in the body. Since cholesterol is the basic constituent of all stress hormones, any unsettling situation will use up large quantities of cholesterol. To make up for the loss or increased demand of cholesterol, the liver starts making more of it.

Take the example of the cholesterol-increasing effect of television. Research has shown that watching television for several hours at a time can drive up blood cholesterol more dramatically than any other so called risk factors, including diet, sedentary lifestyle, or genetic disposition. Exposure to television is a great challenge for the brain. It is far beyond it's the brain's capacity to process the flood of incoming stimuli that emanate from the overwhelming number of picture frames appearing on the TV screen every second. The resulting strain takes its toll. Blood pressure rises to help move more oxygen, glucose, cholesterol, vitamins, and other nutrients around the body and to the brain, all of which are used up rapidly by the heavy brainwork. Add violence, suspense and the noise of gunshots

etc., to the spectacle and the adrenal glands respond with shots of adrenaline to prepare the body for a "fight or flight". This causes contraction of many large and small blood vessels in the body, leading to shortage of water, sugar and other nutrients in the cells.

The signs for this stress-response can be several. You may feel shattered, exhausted, and stiff in neck and shoulders, very thirsty, lethargic, depressed, and even "too tired" to go to sleep. If the body did not bother to increase cholesterol levels during such stress encounters, we would have millions of television deaths by now. Thanks to rising cholesterol levels!

When Cholesterol Signals SOS

The self-regulating cholesterol mechanism that keeps the body healthy even in stressful situations is disrupted when the body has begun to store excessive amounts of protein in the liver capillaries. The liver capillaries, called *sinusoids*, are grid-shaped, and their thin basal membranes have sizable pores that normally permit larger molecules and even the relatively large blood cells to leave the blood stream and enter the fluids surrounding liver cells. Unlike other cells, liver cells are thus able to work directly with the blood and its contents.

saw the bad cholesterol of the policosanol group plunge by 25%. Total cholesterol fell 17%. In addition, their ratio of total to good cholesterol (*the* most important risk factor) *improved* by a whopping 27.2%! Another study compared policosanol against a popular statin drug. Those given policosanol lowered their bad cholesterol by an average of 19.3% – versus just 15.6% for the statin. Most important, policosanol improved the most crucial ratio – total cholesterol to good cholesterol – by 24.4% (the statin drug only improved it by 15.9%). Just chewing on organic lemon rind once daily may be enough to balance cholesterol.

Food is still by far the best medicine for most ailments plaguing the human body. If used wisely, and without destroying it before its consumption, food can create miraculous cures of the most common diseases. I have discussed a number of such healing foods and herbs in *Timeless Secrets of Health & Rejuvenation*. When choosing the right healing foods for you, please refer to the food lists shown in that book. Foods that harmonize with one's body type have the most healing properties, whereas foods that do not may actually interfere with the body's own effort to restore health and vitality.

Overcoming Heart Disease –
Two Encouraging Testimonies

Over the course of several decades, I have seen hundreds of patients with "heart" problems that, in fact, were not heart problems at all. Most of these turned out to be cases of simple indigestion, causing strong sensations of pain in the chest and stomach. Their stomachs were usually hard and swollen, filled with pockets of gas exerting great pressure on the diaphragm and heart. Trapped gas and "heart burn" more often than not lead to the false alarm of a heart condition. Other patients, however, did have serious heart trouble, in addition to suffering chronic indigestion, or, as I see it, because of it. George, age 64, was one of them.

George had received medical treatment for thirty years for what his cardiologist called "progressive heart disease." During the same period, he had been on a large variety of drugs to relieve the symptoms. One of them was an anti-hypertensive drug. The drug's diuretic effects helped to drain excess fluids from his body, but also caused severe cellular dehydration and damaged his kidneys and liver. Other side effects included impotence, increase of angina pain, stomach upset, eye pains, muscle weakness, depression, and nightmares.

Despite taking the drugs regularly, he was advised to undergo a bypass operation since several of his heart arteries were almost completely blocked.

A few years after the operation, at age 62, his "new" coronary arteries also showed strong signs of damage, causing chest pain and severe tiredness. His heart was no longer able to perform sufficiently well and, he was informed that, as a last resort, only a heart replacement could prolong his life. That was the time I saw George for the first time. He said this to me: "I feel more dead than alive. My energy level is only a fraction of what it used to be. There is not much I can do now except wait for a heart replacement, but considering my general condition I am not sure whether I even can make it through such an operation."

After applying the diagnostic tools of Ayurvedic Pulse Reading and Eye Interpretation, I explained to him that his real problem wasn't his heart, but the amassed, and toxic, undigested food in his intestines (I was pointing to his grossly protruded belly), and the stored animal protein throughout his blood vessel system. The toxic material was suffocating the cells of his body and causing slow poisoning of the liver, kidney, and heart cells. His liver bile ducts were congested with thousands of gallstones. I suggested that he remove all the toxic waste, which his body had collected over the past 40 years in his small and large intestines through intestinal cleansing, and stimulate the digestive power through a series of liver cleanses. Thereby, he could directly relieve his heart from the heavy burden of having to deliver nutrients to a body that was blocked and overtaxed with

harmful material. His heart was obviously exhausted from pumping blood through a congested body.

George quickly began to implement a program that included directions for a specific body-type diet, cleansing of his intestines and liver, the daily and seasonal Ayurvedic routine, regular full body oil massage, yoga and walking near the beachfront, and meditation.

Within three days of his first-ever colonic irrigation session, and strict avoidance of any protein foods, George felt a huge burden had been lifted from his heart. His energy began to return, but he still did not feel strong enough to go back to work. Two weeks later, though, he was back at his desk, with great enthusiasm. Being a director of his own successful insurance company, he no longer felt as stressed at work as he used to feel before the treatment. He was also asleep by 10 p.m. and meditating each day, which made him feel refreshed and calm, and able to handle the difficulties at work with a more relaxed attitude.

Three months later, George visited his cardiologist who took him through a series of tests to determine the condition of his heart. George was not surprised to hear his doctor confirm that he no longer needed a heart transplant operation. He saved himself the $750,000.00 that the heart transplant would have cost. Over time, he reduced and finally stopped all of his medications. Ten years later, he is still very active and enjoys an excellent state of health.
